

**CCC Core Planning Team Meeting
December 2, 2002, 1-3pm
DHMH, Room L-2
MINUTES**

⇒Evaluation Process

- Review of evaluation summary from last meeting, which was held September 19, 2002.

⇒Informational Updates

- Grant funding from the CDC has been renewed as of October 1, 2002. We will receive approximately 4 more years of funding. A progress report is due to the CDC at the end of December; copies of the report will be forwarded to the Core Planning Team.
- All PowerPoint presentations from the conference and feedback summaries are available on the website. No other significant changes have been made to the website.
- The final summaries of the Town Hall Meetings are available for distribution. These are the final documents that were prepared by Ginny Thomas and her staff at UMBC.

⇒Consensus Conference

- A summary of evaluation comments made by conference participants was distributed. The evaluation was the yellow form that asked audience members to evaluate the overall conference organization and facilities.
- A total of 303 people attended the conference and we received evaluations from about half of the participants.
- The conference scored very high marks for things like the organization, materials, and content of the presentations. The location of the hotel and the luncheon were given somewhat lower marks.
- The evaluation form also allowed participants to give general comments or suggestions. These remarks have been transcribed and categorized. In general, conference participants noted that:
 - The location was great for some but inconvenient for others
 - Participation should be opened up to those not in the field and to the general public
 - The physical space was comfortable but too cold
 - The lunch session was disorganized – should not have had a presenter, the meal was not too good and not particularly healthy, and the hotel staff was slow and unpleasant at times.
 - The agenda was well organized and the presentations were a good length
 - Time was an issue, perhaps split the conference into 2 days or have some mechanism for people to choose which presentations they attend (workshops or breakout sessions)
 - The materials were helpful, especially the feedback packet
- We received quite a bit of feedback and some really good suggestions from the audience using the pink Feedback Packet. The packets were divided by topic and all comments were transcribed and are available in PDF on the website.
- The last page of the Feedback Packet asked participants to identify their top 3 priorities. While only a small number of people completed this section, the responses were compiled into categories and then tallied to determine what topics were mentioned most often.
- The idea of universal health care and education of the public were tied for being mentioned most often. Other items in the top 3 were: the need for more screening and funding, cultural sensitivity and disparities, diet and activity, and insurance/financial issues.
- Debbie Goeller suggested that we merge the public input gained from the Town Hall Meetings with the feedback from the conference since there are many common themes.
- Norma Kanarek suggested that the cancer plan should highlight the number of people who have been involved in the planning process. She noted that half of the conference attendees had not attended a Cancer Council event previously which indicates we are reaching new audiences.

Becky Hartt-Minor agreed that successes in the areas of public input and grassroots organization are important to highlight in the final plan.

- The group discussed ideas for next year's conference, including how and when to release the cancer plan to the public and whether the conference should then focus on transitioning to the implementation phase.
- The group also considered the idea of integrating workshops into the conference so participants would have a choice of presentations to attend. The importance of bringing together all conference attendees to participate in group sessions focusing on overarching issues such as access to care and disparities was also noted.

⇒ **Grant Timeline**

- Robert Villanueva outlined the major dates and events in the proposed timeline for the writing and publication of the cancer plan. Rough drafts will be due February 10th and final drafts due April 8th, allowing two months for editing and committee review. Funding is available to contract with a graphic artist, technical editor, and publisher.
- The group discussed the time necessary for DHMH authorities to review and approve the cancer plan. There was some concern about deleting recommendations from the cancer plan that the community and public deemed important for inclusion. A suggestion was made to submit the final draft of the plan to the Cancer Council for review and approval rather than DHMH authorities.
- An inquiry was made regarding the responsibility of the graphic artist, especially in reference to data format. If the artist requires DHMH staff to format the graphs and tables using precise rules and specific software, this will add a great deal of time and work to the process. A suggestion was made regarding the use of software such as Adobe Acrobat Writer that is compatible with Excel, which is the current format of the data tables and graphs.
- Robert Villanueva stated that the main function of the graphic artist is to design the look and layout of the cancer plan. Robert will meet with the DHMH graphics department to get information on the parameters that should be stated in the bid board notice for the graphic artist and other design issues.
- The group returned to the topic of the official release of the cancer plan and the focus of next year's conference. A suggestion was made to release the report in September 2003 and at the same time promote the upcoming conference (November 17) which would then focus on the implementation of the plan. It was also noted that the plan should be available on the web or otherwise electronically.
- The group discussed the idea of holding a second set of Town Hall Meetings or focus groups to gain further public input. Several suggestions were made that we have already gained a large amount of public input during the planning process. The group decided to forgo a second round of Town Hall Meetings in favor of spending more time gaining buy-in for implementation.
- Several suggestions were made regarding input and buy-in: if focus groups are held, concentrate on evaluating the readability and layout of the plan rather than the content; focus groups could be held among the major implementation partners, such as the universities, volunteer agencies, etc.; post the final draft on the website and allow a public comment period; gaining buy-in from community based hospitals and regional partners is important.

⇒ **Chapter Writers and Outlines**

- Most chapter writers have been confirmed with the exceptions of chapters on skin cancer, patient issues, and pain management.
- Several committees – disparities, tobacco, diet/activity, and surveillance – have divided up their chapters and various committee members are taking responsibility for different sections.
- Chapter outlines have been developed for most of the chapters using a core template where possible. Core sections for the site-specific chapters include: introduction, risk factors, burden or

data section, ideal model, Healthy People 2010 objectives, recommendations section, summary, and references.

- The patient care sections will all have an introduction, recommendations, summary, and references.
- The group discussed the content and placement of the Current Programs section of each chapter. Suggestions were made that this section should include programs other than just state (DHMH) programs. But concerns were raised regarding some programs being left out. Suggestions were made to focus on statewide or regional programs in the plan and then list all programs on an accompanying website.
- Decision was made to expand the current programs section to describe current “status” or current “efforts” for each section. These could be categorized by hospital-based, non-profit, government, etc. or divided by education, screening, treatment, legislative efforts, etc.
- The group discussed the content and placement of the Introduction section of each chapter. It was decided that the introduction would have two components: 1) a general description of the disease and 2) a discussion of the risk factors. The Introduction may be renamed as “Overview” or “Background”, or not given a heading at all.
- The group also discussed the possibility of one general heading of “Ideal Process” and then having several subordinate sections (rather than having these specific subordinate sections stand alone). However, this may not work for chapters without an identified Ideal Process such as prostate cancer.

Next Meeting: Will be scheduled via email for the week of February 17th